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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/215,323 06/30/2000 and claims benefit of 60/252,736 11/22/2000  
 and claims benefit of 60/255,956 12/15/2000  
 and claims benefit of 60/268,497 02/13/2001  
 and claims benefit of 60/279,779 03/29/2001  
 and claims benefit of 60/295,589 06/04/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/19/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 221	<b>INDEPENDENT CLAIMS</b> 14
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials		

**ADDRESS**

20306

**TITLE**

COMPOUNDS TO TREAT ALZHEIMER'S DISEASE

<b>FILING FEE RECEIVED</b> 5412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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